

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600345

FILED  
Jan 30, 2012  
Secretary of State

Entity Name: JAFFE EYE INSTITUTE, P.A.

## Current Principal Place of Business:

18999 BISCAYNE BOULEVARD  
#101  
AVENTURA, FL 33180 US

## New Principal Place of Business:

## Current Mailing Address:

18999 BISCAYNE BOULEVARD  
#101  
AVENTURA, FL 33180 US

## New Mailing Address:

FEI Number: 59-1204805

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EISENMAN, SUSAN` J  
18999 BISCAYNE BLVD  
101  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: JAFFE, NORMAN S MD  
Address: 6000 ISLAND BLVD. #2906  
City-St-Zip: AVENTURA, FL 33160

Title: TD  
Name: JAFFE, GARY F MD  
Address: 61 COMPASS LANE  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: D  
Name: JAFFE, EMERY D MD  
Address: 16154 RIO DEL SOL  
City-St-Zip: DELRAY, FL 33446

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NORMAN S JAFFE, M.D.

PD

01/30/2012

Electronic Signature of Signing Officer or Director

Date